

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Birthdate: * _____ Social Security Number: * _____

Step 2: Project Update/Annual Assessment

Complete the project update/annual assessment information and please note all fields with an * are required fields. Complete additional forms for each household member updated or assessed.

Assessment Date: * _____ Assessment Type: * ☐ During Program Enrollment
☐ Annual

Case Manager: * _____

Housing Move-In Date: * _____ (enter date client took occupancy of unit—ONLY for Rapid Rehousing)

Covered by Health Insurance:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Type of Insurance:*

- ☐ Medicaid ☐ Private Pay Health Insurance
☐ Medicare ☐ State Health Insurance for Adults (HIP or HIP 2.0)
☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) ☐ Indian Health Service (Native American)
☐ Veteran's Administration (VA) Medical Services ☐ Other Public
☐ Health Insurance Obtained through COBRA ☐ Other _____

Status:*

- ☐ Active ☐ No
☐ Start Date: _____ ☐ Applied; decision pending ☐ Client Doesn't Know
☐ End Date: _____ ☐ Applied; client not eligible ☐ Client Refused
☐ Client did not apply ☐ Data Not Collected
☐ Insurance type N/A for this client

HMIS Barriers Assessment:*

Alcohol Abuse

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Developmental Disability

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Drug Abuse

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

HIV/AIDS

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

HIV/AIDS Continued

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Mental Health

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Physical Disability

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Chronic Health Condition

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

When Experience Occurred:*

- ☐ Within the past three months ☐ Client Doesn't Know
☐ Three to six months ago ☐ Client Refused
☐ Six to twelve months ago ☐ Data Not Collected
☐ More than a year ago

Currently Fleeing:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Victimization Date:*

Interviewer:_____

Assessment Description:_____

Interview Type: ☐ In-Person ☐ Phone Call Only

Type of Abuse:

- ☐ Physical ☐ Stalking
☐ Sexual ☐ Human Trafficking
☐ Psychological

Weapon Used:

- ☐ Knife ☐ Other
☐ Gun ☐ Unknown

Associated with DV – Alcohol:

- ☐ Yes by Abuser ☐ Yes by Both
☐ Yes by Victim ☐ No

Associated with DV – Drugs:

- ☐ Yes by Abuser ☐ Yes by Both
☐ Yes by Victim ☐ No

Length of Violent Relationship:

- ☐ Under 1 Year ☐ 11-20 Years
☐ 1-5 Years ☐ Over 20 Years
☐ 6-10 Years ☐ Unknown

Sexual Assault Type:

- ☐ Adult Sexual Assault
☐ Adult Molested As Child
☐ Child Sex Abuse
☐ Rape
☐ Attempted Rape
☐ Other Sexual Contact

Sexual Assault Location:

- ☐ Victim's Home ☐ Victim's and
☐ Assailant's Car Assailant's Home
☐ Outside ☐ Workplace
☐ Assailant's Home ☐ Institution
☐ College Campus ☐ Other
☐ Friend's Home ☐ Unknown

Length Before Contact:

- ☐ Same Day ☐ 1-5 Years
☐ 1 Day ☐ 6-10 Years
☐ 3-6 Days ☐ 11-15 Years
☐ 1 Week to 1 Month ☐ Over 15 Years
☐ 2-6 Months ☐ Unknown
☐ 7-11 Months

Survivor of Incest ☐

Other Child Sexual Abuse ☐

Other Information and Offender Relationship to Victim

- ☐ Child Abuse (960s)
☐ Physical Abuse
☐ Psychological Abuse
☐ Child Witnessed Abuse
☐ Abuse Through Neglect
☐ Other Type of Abuse
☐ Terrorizing
☐ DUI/DWI Crash
☐ Elderly Abuse
☐ Stalking, Robbery
☐ Non-DV Assault
☐ Harassment
☐ Disorderly Conduct
☐ Survivor of Homicide
☐ Violation of Court Order
☐ Other _____

Relationship to Victim:

- ☐ Parent ☐ Spouse
☐ Grandparent ☐ Intimate Partner
☐ Guardian ☐ Sibling
☐ Other Family Member ☐ Acquaintance
☐ Other Non-Family ☐ Stranger
☐ Other Caretaker

Legal/Crime Information

Law Enforcement Called:

- ☐ Yes ☐ No
☐ No ☐ Yes – but didn't respond
☐ Unknown

Abuser Arrested:

- ☐ Yes
☐ No
☐ Unknown

Incident Report Filed:

- ☐ Yes
☐ No
☐ Unknown

Signer of Report:

- ☐ Victim
☐ Law Enforcement
☐ Other
☐ Unknown

Criminal Complaint Filed ☐

- Went to Court ☐
Convicted ☐
Civil Resolution ☐
No Legal Resolution ☐

Crimes:*

Incident Date:*

Abuser:*

Abuser DOB:*

Relationship to Victim:

- | | |
|--|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other Caretaker |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Intimate Partner |
| <input type="checkbox"/> Other Family Member | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Other Non-Family Member | <input type="checkbox"/> Acquaintance |
| | <input type="checkbox"/> Stranger |

Crime:*

- | | |
|---|---|
| <input type="checkbox"/> Adult Survivor of Child Physical Abuse/Neglect | <input type="checkbox"/> Incest |
| <input type="checkbox"/> Adult Survivor of Child Sexual Abuse | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Aggravated Harassment | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Bias/Hate Crime | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Criminal Mischief | <input type="checkbox"/> Strangulation |
| <input type="checkbox"/> Custodial Interference | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Child Abuse – Physical/Neglect | <input type="checkbox"/> Violation of Order of Protection |
| <input type="checkbox"/> Child Abuse – Sexual | |
| <input type="checkbox"/> Domestic Violence | |
| <input type="checkbox"/> Elder Abuse | |
| <input type="checkbox"/> Harassment | |
| <input type="checkbox"/> Homicide | |
| <input type="checkbox"/> Identity Theft | |

VOCA Victimization Category

- A. Child Physical Abuse
B. Child Sexual Abuse
C. DUI/DWI Crashes
D. Domestic Violence
E. Adult Sexual Abuse
F. Elder Abuse
G. Adults Molested as Children
H. Survivors of Homicide Victims
I. Robbery or Bank Robbery
J. Assault
K. Violent Crime
L. Economic Exploitation and Fraud
M. Hate Crimes
N. Other
O. Stalking

Primary Victimization ☐

Repeat Victim

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Financial Assessment:* Cash Income: * ☐ Yes ☐ No

- ☐ Earned Income \$ _____
- ☐ Unemployment Insurance \$ _____
- ☐ Supplemental Security Income \$ _____
- ☐ Social Security Disability Income \$ _____
- ☐ VA Service-Connected Disability \$ _____
- ☐ VA NonService-Connected Disability \$ _____
- ☐ Private Disability Insurance \$ _____
- ☐ Worker's Compensation \$ _____
- ☐ TANF \$ _____
- ☐ General Assistance (GA) \$ _____
- ☐ Retirement (Social Security) \$ _____
- ☐ Pension/Retirement Former Job \$ _____
- ☐ Child Support \$ _____
- ☐ Alimony/Spousal Support \$ _____
- ☐ Other Income \$ _____

Non Cash Benefits: * ☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP) \$ _____
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Source

Adult Education Assessment:*

Last Grade Completed:*

- | | |
|--|---|
| <input type="checkbox"/> Less than grade 5 | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Grade 12/High School Diploma | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> GED | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Data Not Collected |

School Status:

- | | |
|---|--|
| <input type="checkbox"/> Attending school regularly | <input type="checkbox"/> Suspended |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Graduated from high school | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Obtained GED | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Dropped out | <input type="checkbox"/> Data Not Collected |

Child Education Assessment:*

Last Grade Completed:*

- | | |
|--|---|
| <input type="checkbox"/> Less than grade 5 | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Grade 12/High School Diploma | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> GED | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Data Not Collected |

School Status:

- ☐ Attending school regularly
- ☐ Attending school irregularly
- ☐ Graduated from high school
- ☐ Obtained GED
- ☐ Dropped out
- ☐ Suspended
- ☐ Expelled
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Employment Assessment:*

Employed:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If Yes, Type of Employment:*

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Seasonal/Sporadic (including day labor) | |

If No, Why Not Employed:*

- | | |
|---|---|
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Not Looking for Work |
| <input type="checkbox"/> Unable to Work | |

Legal Assessment:*

Assessment Description: _____

Are you currently involved in any of the following legal situations?

- ☐ Divorce
- ☐ Eviction
- ☐ Bill Collector
- ☐ Pending Criminal Charges
 - o Description: _____
- ☐ Order of Protection
- ☐ Probation/Parole
- ☐ Custody Issues
- ☐ Child or Spousal Support
- ☐ Warrant for Arrest
- ☐ CPS Involvement
- ☐ Other: _____

Do you currently have legal representation? ☐

How many days, past 30 days, experiencing legal representation? _____

Legal Description Notes: _____

Transportation Assessment:*

Primary Transit Means:

- ☐ Own vehicle
- ☐ Ride from friends/family
- ☐ Bicycle
- ☐ Other: _____
- ☐ Bus
- ☐ VanTran
- ☐ Walk

Vehicle Ownership:

- ☐ Own
- ☐ Leased
- ☐ Borrowed

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Description: _____

Vehicle Condition:

- ☐ Good running condition
- ☐ In Need of Repair
- ☐ Impounded

Vehicle Condition Description: _____

Registered State: _____

License Plate Number: _____

Insurance Company: _____

Insurance Renewal Date: _____

License Number: _____

License Expiration Date: _____

Other helpful resources at www.IndianaBOS.org.